

2 to CV

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Michael Hamilton

Petitioner,

V.

CIVIL ACTION NO. I: CV-01-0039

J. Rambo

R. M. Reish
Warden Fci Schuylkill

Respondent,

FILED
HARRISBURG, PA

FEB 8 2001

MARY E. D'ANDREA, CLERK
Per *[Signature]*
Deputy Clerk

MOTION TO PROCEED IN FORMA PAUPERIES

I Michael Hamilton, being first duly sworn according to law, depose and say that I am the Defendant in the above entitle cause, I respectfully request that this Court grant the Defendant's Motion to Proceed Forma Pauperies and appeal to the Third Circuit Court of Appeals in said cause, pursuance to the penalty of perjury, all statements are true to the best of my knowledge.

1-31-01
DATE

Michael Hamilton
SIGNATURE

ENTER INMATE NUMBER 17072057 PIN # 4510 MAIL BOX #

INMATE NAME.....HAMILTON, MICHAEL NMI

RESTRICTION.:00/00

INMATE UNIT.....:1A

SPECIAL SORT CODES...:

INMATE STATUS.....:A

OUTSTANDING CHECKS...:00

SPECIAL PURPOSE ORD...:00

ENCUMBRANCE BALANCE...:00

ACCOUNT BALANCE.....:33

VALIDATION CODE.....:02

VALIDATION LIMIT.....:275.00

VALIDATION EXPENDED.:29.10

AVAILABLE BALANCE.....:33

PERIOD PURCHASES.....:29.10

YTD PURCHASES.....:44.70

LAST ACTIVITY DATE...:01/24/01

LAST SALE DATE.....:01/24/01

ARRIVAL DATE.....:05/15/00

DEPARTURE DATE.....:00/00/00

ARRIVE FROM.....:000

TRANSFER TO.....:000

Press return → to review
 transactions in detail -OR-
 Press Home for controlled
 item purchases -OR-
 Press Esc for next inquiry.

LAST 6 MO. DEPOSITS...:155.00

LAST 6 MO. WITHDRAWALS...:79.10

FRP PLAN.....:

FRP RATE.....:00

FRP AMOUNT...:0

RESTRICTED SPEND LIMIT:25.00

RESTRICTION EXPENDED.:00

Handwritten:
 Controlla
 2/2/01

UNITED STATES DISTRICT COURT

FOR THE MIDDLE DISTRICT OF PENNSYLVANIA

Michael Hamilton.Petitioner/Prisoner ID# 17072-057DECLARATION IN SUPPORT
OF REQUEST TO PROCEED
IN FORMA PAUPERIS

-against-

R. M. Reish (Warden)

Respondent.

Michael Hamilton, am the petitioner in the above entitled case. In support of my motion to proceed without being required to prepay fees or costs or give security therefor, I state that because of my poverty I am unable to pay the costs of said proceeding or to give security therefor; that I believe I am entitled to redress.

I declare that the responses which I have made below are true.

1. Are you presently employed? Yes () No (X)

A. If the answer is yes, state the amount of your salary per month and give the name and address of your employer.

2. Have you received within the past twelve months any income from any of the following sources?

- A. Business, profession, or form of self-employment?
B. Rent payments, interest, or dividends?
C. Pensions, annuities, or life insurance payments?
D. Gifts or inheritances?
E. Any other sources?

Yes () No ()
Yes () No ()
Yes () No ()
Yes () No ()
Yes (X) No ()

If the answer to any of the above is yes, describe each source of money and state the amount received from each during the past twelve months.

Family members / Mother \$30.00 from Mother every
now and then; Also \$30-40.00 every few months
from my uncle

3. Do you own any cash or do you have money in a savings or checking account? Yes () No (X)
[Include any funds in prison accounts]

If the answer is yes, state the total value owned.

4. Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)?
Yes () No (X)

If the answer is yes, describe the property and state its approximate value.

5. List the persons who are dependent upon you for support; state your relationship to those persons; and indicate how much you contribute toward their support:

Name	Relationship	Amount of Support
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NONE NONE NONE

I understand that a false statement or answer to any questions in this declaration will subject me to penalties for perjury; and, declare under penalty of perjury that the foregoing is true and correct.

Michael Hamilton
Petitioner's Signature

073-58-7044
Social Security No.

6-12-67
Date of Birth

ORDER OF COURT

<p>The application is hereby denied</p>	<p>The application is hereby granted. Let the applicant proceed without prepayment of cost or fees or the necessity of giving security therefor.</p>
<p>_____ United States District Judge Date</p>	<p>_____ United States District Judge Date</p>

AUTHORIZATION

I, plaintiff/petitioner, hereby authorize said institution to release the herein requested financial information and any required future payment fees to the

Dated: 7-31-01

Michael Hamilton

Plaintiff Signature

Michael Hamilton

Name Printed

170 72-057

ID Number

073-58-7044

Social Security Number